

## WORC EMPLOYABILITY PLAN (EP)

Participant Name: \_\_\_\_\_ TEAMS Client ID#: \_\_\_\_\_

Case #: \_\_\_\_\_ Single Parent ☐ 2-Parent ☐ Total Hours \_\_\_\_\_

WRC Component Start Date: \_\_\_\_\_

As your WoRC Case Manager:

1. I will provide information to you regarding the employment and training requirements for the TANF Cash Assistance program.
2. I will provide information to you regarding your rights and responsibilities outlined below.

As a representative of this agency, I have reviewed and explained the employment and training participation requirements to the participant. I have reviewed and explained the participant's rights and responsibilities as outlined below. A signed copy of this form will be provided to the participant.

\_\_\_\_\_  
WoRC Case Manager Signature

\_\_\_\_\_  
Date

### RESPONSIBILITIES

As a TANF Cash Assistance applicant/recipient, my participation and cooperation in employment and training activities are required.

1. I understand that I must report on time for, participate in and provide weekly verification of participation in the negotiated activities for the number of hours per week as negotiated between the WoRC Case Manager and me. Failure to do so, without good cause, will result in a sanction.
2. I am responsible for notifying my WoRC Case Manager and OPA Eligibility Worker of any changes in my circumstances which affect my participation in the agreed upon activities. This includes employment.
3. I will provide information as required/requested by my WoRC Case Manager or OPA Eligibility Worker.

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4. I must accept a job if offered, maintain employment and cannot quit a job without justifiable good cause. Failure to do so, without good cause, will result in a sanction.

### RIGHTS

I have the right to receive assistance from my WoRC Case Manager, who may either provide the service or provide a referral to a community agency for counseling, job seeking activities, job development activities, and needed supportive services. (Provision of the supportive services is subject to the availability of funding.)

I have the right to participate in the development of my Employability Plan and negotiate activities focusing on an employment goal. Allowable work activities are limited by Federal regulation.

I have the right to file a grievance or complaint if I believe that I have been discriminated against on the basis of age, sex, race, color, creed, political beliefs, handicap, marital status or national origin. I can also file a grievance if I disagree with the WoRC Case Manager's assignment or decision.

I have the right to a fair hearing at the county OPA if not satisfied with the actions affecting my TANF Cash Assistance.

I have the right to confidentiality. The information provided will be handled carefully and shared only with people involved with the TANF program or for whom I have signed a release.

I have the right to ongoing communication through case management and reviews. The discussions will involve achievements, alternatives and continued steps toward self-support.

I have the right to be held accountable for my actions. I understand that if I, without good cause, do not participate in the negotiated activities and/or provide weekly verification of participation in the negotiated activities, I may be sanctioned or have my case closed for non-compliance.

I understand sanction means a reduction in or closure of my TANF Cash Assistance grant. The imposition of a sanction ends the currently negotiated FIA/Employability Plan in the month following the sanction penalty, even if continued benefits are issued pending a Fair Hearing. Failure to participate in activities in an extended TANF case results in case closure. Benefits cannot be continued pending a Fair Hearing in extended TANF cases.

My rights and responsibilities have been explained and I understand the employment and training participation requirements as outlined above. I understand that I am required to participate in the activities listed for the number of hours designated in my Employability Plan and provide verification of participation.

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Participant Signature

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Date

*Distribution: Original – Participant    Yellow – WoRC*  
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**EP PROGRAM ACTIVITIES**

**COMPONENT CODE:** \_\_\_\_\_  
**ACTIVITY DESCRIPTION**

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<u>START DATE</u>	<u>END DATE</u>	HOURS
_____	_____	_____

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**ACTIVITY DESCRIPTION**

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_____	_____	_____

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